Rhode Island Commission on Women

Position Paper on the Health of Women Elders

The Rhode Island Commission on Women (RICW) supports the principle that health status should be considered across the life span. The health care system must address the physical, psychological, social, cultural and educational needs of women, providing timely and appropriate health services throughout their lives.

This paper will address the health needs of women elders, defined nationally as women aged 60 and over. Women elders are a growing segment of the population, and the elder population is becoming more racially and ethnically diverse. Traditional health care models are not based on preventive or holistic approaches and are not focused on women's or elders' needs. Furthermore, they fail to take into account that many medical problems could be avoided by correcting the greatest obstacle to adequate health care for elder women: *limited access to care.*

Women elders face several barriers to quality health care. They are at even greater risk than elder men for poor health and inadequate care due to higher rates of chronic disease and disability. They may often delay or go without medical care. As a consequence of limited access to care, elder women may not realize that they have a disease or disability until they are very ill. Yet many health problems of elder women are preventable or could be made less severe by early intervention.

Limited access to health care for elder women is caused or compounded by several frequently overlooked, and often interacting factors:

Poverty: A woman's generally longer life tends to deplete her savings. A history of economic discrimination also helps explain a poorer economic status than that of elderly men. Women make lower salaries than men throughout their lives and are less likely to have access to a pension plan upon retirement. Often, women cannot afford the medical care they need. Many lack adequate health insurance. Elders covered only by Medicare or who lack health coverage are less likely to have regular sources of health care. They may be unable to purchase needed medications.

Domestic Violence: Frequently, elder abuse is domestic violence grown old, the same pattern that has occurred over the course of the relationship. Although there are legal requirements for reporting abuse of elders, it is often intentionally hidden. Moreover, many health care providers fail to ask about abuse.

Elder women are more likely than men to have symptoms of depression, which could lead to suicide. Although depression is a treatable condition, many elders go untreated.

Isolation: Since they are significantly more likely to live alone, partly because they live longer, there may be no family available to care for many women elders. In addition to the practical challenges this situation poses (e.g., difficulties in transportation to a physician's office), isolation can create emotional difficulties for women elders.

Caregiver Stress: Most often, caretakers are women: a wife, daughter or daughter-in-law. Because society traditionally encourages women to care for others, male family members may lack the knowledge, nurturing skills or willingness to take on these responsibilities. Even when men provide care, they are more likely to take on periodic tasks, while women are more likely to provide ongoing personal daily care and chores. Enormous demands are placed on elder women caring for an ill spouse or disabled child. They may be too busy caring for others to have time to care for themselves.

Conclusion: The RICW calls for an increased awareness among service providers and the general public of these health care needs of elderly women. Prevention and early intervention approaches and mental health services are important to address these needs. Health care providers should be trained to examine elder women for conditions commonly associated with aging and to promote quality treatment. More effective services for elder care should be available. Since so many elder women provide or receive informal (unpaid) care within their own homes, it is important to assess health status in the home setting. These in home assessments should include not only questions about activities of daily living, but about domestic violence, poverty and quality of life.

Finally, we stress the importance of intergenerational contact and the development of programming to educate younger adults on the special needs of women elders. Valuing elders is an attribute that our society has largely lost. We must educate health care professionals and the public on the strengths of elders, so that we view them as significant members of society -- as "elders" with all the implications of wisdom and strength this term implies.

Appendix

MEDICAL PROBLEMS: Among both older men and women in Rhode Island, the leading causes of death are heart disease, cancer, and stroke. Elder women also suffer from increased risk of osteoporosis, breast cancer, and life threatening infections. Menopause leads to increased health risks, particularly heart disease and osteoporosis. Elder women are more likely to suffer from arthritis, hypertension, visual impairments, and diabetes than are elder men and are more likely to live in a nursing home or receive health care at home. Diabetes is especially prevalent among African American, Hispanic, and Native American women.

HEALTH COVERAGE: Elders who only have Medicare as their health coverage or lack any health coverage are less likely to have regular sources of health care. Women, minorities and low income persons are more likely to be without insurance coverage to supplement Medicare. Older women without this supplemental coverage to Medicare were less likely to have had preventive care such as a Pap smear and/or mammogram.

LIMITED ACCESS: 41% of elderly women live alone. Among the different racial groups, elderly white and elderly black women were more likely to live alone. Only 55% of women over the age of 65 are married, as compared to 79% of men over 65.

DOMESTIC VIOLENCE: Trend reports indicate that elder abuse is on the rise. Between 1986 to 1996, reports of elder abuse increased 150%. Approximately 1 out of every 25 elderly persons is victimized annually. 67.3% of victims are women. Experts estimate that only 1 out of 14 cases of domestic violence in the elderly are reported.

DEPRESSION: Depression is more common in elderly women than elderly men. Overall, one-third of women over 65 report high levels of depression. Women who are physically ill, in pain, and have greater functional disability have higher levels of depression. Research has found that higher levels of depression are associated with greater need for health care resources. Nationally, elders are at the highest risk of suicide of any age group.

CAREGIVERS: About seventy percent of caregivers are women. Female caregivers spend an average 14.2 hours per week in direct caregiving while male caregivers spend only about half the number of hours. The Family Caregivers Bill recently passed at a national level is helping to support respite care programs, support groups and other services, and resource sharing.

POVERTY: Elderly women have almost double the poverty rate of elderly men. Rates are even higher for elderly women who live alone, especially for women of color. About 19% of white older women living alone were poor, compared to almost half of elder black and Hispanic women living alone. Poverty has very adverse affects on elder women's health. Compared with elder women living above the poverty line, poor elder women are at higher risk of going without or delaying obtaining prescription medicine (6 times as likely), glasses (5 times as likely), and medical care generally (3 times as likely).

1-Reviewed and approved by RICW Health Committee on August 27, 2001. Reviewed and approved by the Rhode Island Commission on Women on October 3, 2001.

FOOTNOTES

2-State Population Rankings Summary Source of Data: U.S. Bureau of the Census, Population Division, Population Paper Listing #47, Population Electronic Product #45. www.census.gov
3-"Older Women's Health Priorities". National Women's Health Information Center. Office of Women's Health, US DHHS. 2000. www.4woman.gov/owh/
4-Abuse and Neglect of Older People, Journal of the American Society on Aging, Vol. XXIV, No, 11, Summer 2000, pages 7, 40.
5-"Facts on Working Women: Eldercare." US Dept of Labor/Women's Bureau, #98-1, May 1998.
6-Date from Rhode Island Department of Elderly Affairs
7-Health Care Access and Utilization: Health and Aging. AARP. Fact Sheet #77.
8-Older Americans 2000: Key Indicators of Well-Being. Federal Interagency Forum on Aging-Related Statistics. Office of Management & Budget, 2000.
9-"Access to Health Care, Part 3: Older Adults." National Center for Health Statistics. Series 10, No. 198. 1997.
10-Yee, D.L. and Capitman, J.A. Health care access, health promotion and older women of color. Health Care for the Poor and Underserved, 7(3): 252-272. 1996.
11-"Access to Health Care, Part 3: Older Adults." ibid.
12-"Access to Health Care, Part 3: Older Adults." ibid.
13-Candace Heisler, Journal of Elder Abuse and Neglect, 1991.
14-Trends in Elder Abuse in Domestic Settings. Elder Abuse Information Series No. 2. National Center on Elder Abuse, 1997.
15-Older Americans 2000: Key Indicators of Well-Being. ibid.
16-"The Windfall of Longevity." Wellesley Centers for Women. Vol.2, No. 2, 1999.
17-Alzheimer Association Fact Sheets, April 2000.
18-Older Americans 2000: Key Indicators of Well-Being. ibid.
19 -"Access to Health Care, Part 3: Older Adults." ibid.